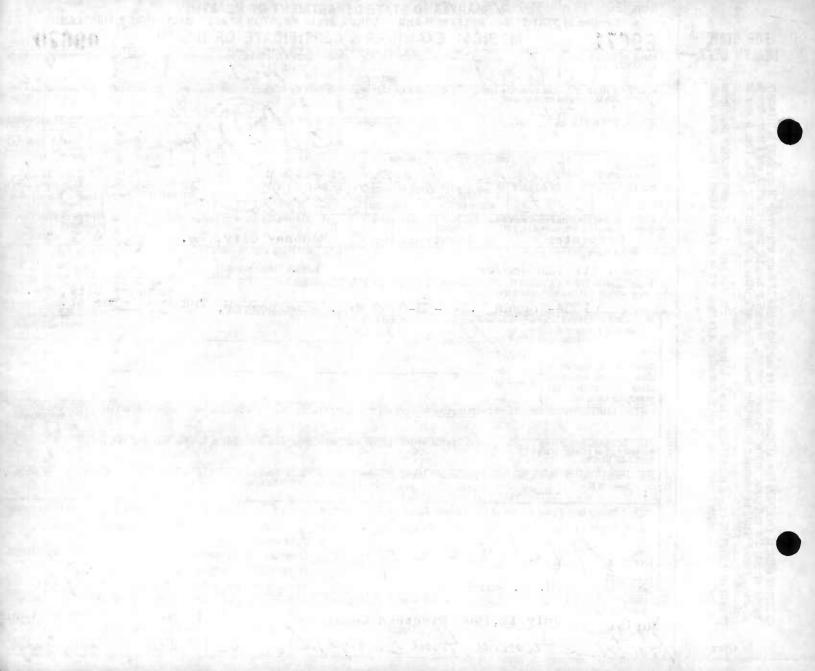
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. and campletely filled in by the funeral remave carban papers. Pages 1 and 2 in any event within 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Calvert b. COUNTY please remave carban papers. Pages 1 , and in any event, within 72 hours after certificate be executed within 24 hours after MARYLAND Maryland Prince George b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Prince Frederick, Md. 1 day
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Upper Marlboro, Maryland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES NO X 3. NAME OF Middle 4. DATE Last Month Day Year DECEASED (Type or print) William Pete Barrick 19 66 DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** birthdoy) Days Manths 8/15/97 White X Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Billiard Room COUNTRY? INDUSTRY Self Syria 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal Mary Suttle Pete Barrick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address requires that the death (Yes, no, ar unknown) (If yes give wor ar dates of service) the affer 577-48-9646A Mrs. Catherine Clements burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)!) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO far use as the k f Health priar ta b stating the underlying couse Page 4 may be retoined by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached shauld be filed with the State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Not While foctory, street office bldg., etc.) 19 at work 21. I certify that (1) (this haspital) aftended the deceased fram. and that weath accurred at 254M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** 53 M.D. DIRECTOR 111/66 PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Dr. George Weems Huntingtown, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (Stote) Burial (Specify) Glenwood Cemetery Washington 7/7/66 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 300 VR A15 (4) J. Wm. Lees Sons. 1966 20 M 1/66 Washington

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FOR STATE	0.9671 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0670
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MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ecute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be for your files. L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
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AL EXAMINE the certific the cer	death resulted from Natural causes Accident Suicide Homicide Homicide Undetermined manner	
EDICAL UNITE THE THE THE THE THE THE THE THE THE T	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
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D DEPUTY MEDICAL EXA please execute the c director. Page 4 shou retained for your files. D FUNERAL DIRECTOR: of Health or its design	NAME (Type) 1. W. Ward Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	ity) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RALTIMORE 1 MA	70
09672 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03671
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no) optimizerin) ((If yes, give war or dates of service)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] The Back Decided	INTERVAL BETWEEN
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Conditions, If any, which DUE TO Conditions, If any, which	36/2
cause (a), stating the DUE TO	
	19. WAS AUTOPSY PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.	YES NO
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21. I certify that I took charge of the remains described above, held an Autopsy	and In my opinio
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EXAMINER'S DEPUTY MEDICAL EXAMINER Devans	Med
23a. BORIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of congression)	unty) (State)
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f. E. Sewell- Prince Frederick-Md. DATE JUL 26 1966 Jelian	les Judge
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY a STATE death. Calvert MARYLAND Maryland Calvert delay c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 2, and ; PM3. P write RURAL and give nearest town) after Depart Chesapeake Beach e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street address) d. STREET ADDRESS in Item 18. Give Pages 1, haurs YES NO Calvert Co. Hospital 24 hours after death. with the Sto within 72 F 3. NAME OF 4. DATE First Lost Month Day Year DECEASED 0F (Type ar print) William Daniels DEATH 66 Charles with AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Manths Days Hours May 12, 1921 DIVORCED X WIDOWED event and 2 male white 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BJRTHPLACE (Stote ar foreign country) during mast at warking life, even it retired) INDUSTRY dny pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within = aNiel3 Brown File pup Address 4209 Newark Rd IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Ē pending" ii ef Medical permit. (Yes, no, ar enknown) (If yes give war or dates of service) ar remaval. 577-12-8979 COLHAHMANON Margaret INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CAUSED BT: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease This certificate shauld e, writing the ward forworded to the Ch s a burial-tra crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse gp burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? CERTIFICATION the certificate, YES 3 NO p pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 1B.) agent, prior shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Nat While foctory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page please execute ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection far Inquiry ond in my opinion directar. death resulted from-Noturol couses x Accident Suicide . Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Spitz, DEPUTY MEDICAL EXAMINER 7/19/66 Werner d **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE THEREOF (County) (State) 0 REMOVAL (Specity) ANLINAton ANLINGTON National REGISTRAR'S SIGNATURA bers CADDRESSIC 2Sa. REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR VR A15ME (5) Riverdale 6M 1/66

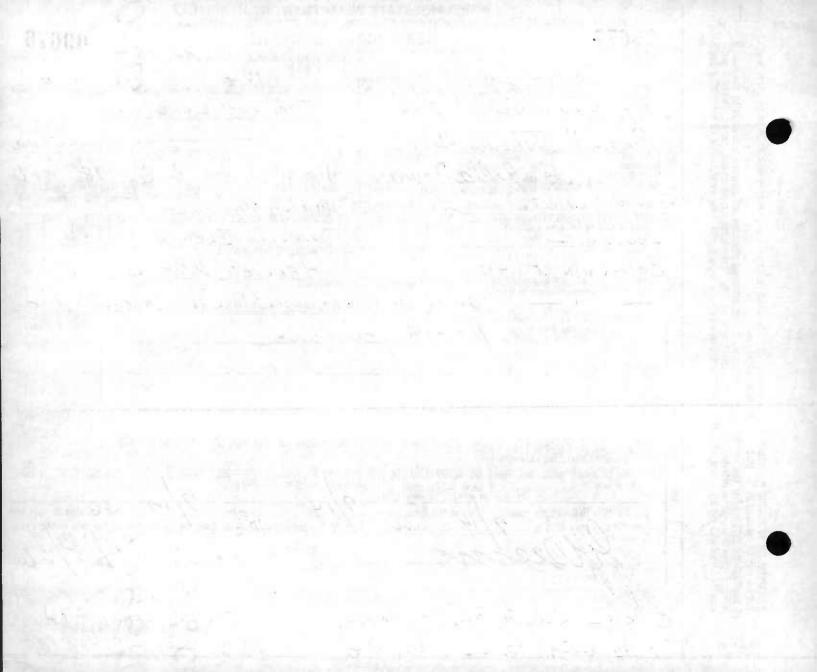
1 1 (NA)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	09675 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09674
HEALTH DEPT.	1. PLACE OF DRATU 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
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And 3 to Page State hours	3. NAME OF First Middle Last 1/1 4. DATE Month Day Year
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be e pend Medi urial	Conditions, if any, which gave rise to immediate cause (a) stating the OUE TO
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CAL EXAMINER: This certificate should be executed within 24 hours after detence the certificate, writing the word "pending" in pencil in Item 18. Givefaction of the forwarded to the Chief Medical Examiner's Office along with ur files. ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and edesignated agent, prior to burial, cremation, or removal, and in any even	IJME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLICE OF INJURY (Home, farm, 20f. City or town) (State)
NER. Incat be for ge 3	
exami cert lould les. R: Pa ignate	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
the short file desired	death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner
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TO DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files. O FUNERAL DIRECTOR: Page of Health or its designated	NAME (Type) Address (Street, city, town, ok county) Address (Street, city, town, ok county) Address (Street, city, town, ok county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	09676 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	75
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before a. STATE b. COUNTY ALLOW	admission)
rs after death. If any delay is necessary, 18. Give Pages 1, 2, and 3 to the funeral along with form PM3. Page 5 may be ages 1 and 2 with the State Department n any event within 72 hours after death.	b. C TY OF TOWN HY outside corporate limits, LENGTH DF STAY IN 1b c CITY OF TOWN (If outside corporate limits, write RURAL and give new corporate limits and give new corporate limits.	rest town)
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ALEXAMINER: This certificate should be executed within 24 hours at the certificate, writing the word "pending" in pencil in item 18- of should be forwarded to the Chief Medical Examiner's Office along files. Tiles. TOR: Page 3 should be used as a burial-transit permit. File pages 1 designated agent, prior to burial, cremation, or removal, and in any	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY DCCURRED 20es LACE OF INJURY (Honde, Jarm 1/20f. (City of twn) (County) Hour am. While at work at work at work at work	7 UND
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AL EXAMINER the certification of the certification	death resulted from Natural causes, Accident Suicide, Homicide, Undetermined manner	
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TO DEPUTY please exc director. I retained fr TO FUNERAL of Health	NAME (Type) H. W. WARD Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county)	(State)
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24	ing physician and completely filled in by the 1 Then please remove carbon papers. Pages 1 proval, and in any event, within 72 hours after		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Pada + Nursing Home	e. IS RESIDENCE ON A FARM? YES ND
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he law	or atter ate has use as alth pri	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
ATTENDING PHYSICIAN: The law requires that the death certificate be	i by the hospital or attending physician. After this certificate has been signed by the atten be detached for use as the burial-transit permit. State Dept. of Health prior to burlal, cremation, or	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER)	
IG PHYS	d by the r After this d be detac State Dep	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, syreet, office bldg., etc.) While at work at work at work	inty) (State)
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	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10677
funeral and 2 death.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
the after	Calvert MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
_ se	Prince Frederick d. NAME OF HOSPITAC OR INSTITUTION (if not in hospital, give street address) Calvert County Hospital Yes No
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any ev	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years list birthday) Months Oays Hours Min.
and	a. USUAL OCCUPATION (Give kind of work done industry) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland IISA 14. MOTHER'S MAIDEN NAME
or remova	Joseph Frances Gross 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or unknown) (If yes give war or dates of service)
een signed by the burial-transit to burial, cremat	18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c).1 PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the OUE TO DUE TO DUE TO DUE TO
as prio	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
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nd be detached State Del	Hour a.m. 19 While Not While factory, street, office bldg., etc.) 21. Certify that (i) (this hospital) attended the deceased from, 19, to, 19
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TO FUNERAL DIRECTOR: After this director, page 3 should be detack should be filed with the State Dept	NAME (Type) a. IDRIAL, CREMATION, 23b. OATE THEREOF 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09673 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages—and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b hau IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS within 72 YES NO TR 3. NAME OF Middle Last 4. DATE Manth Day Year DECEASED 1966 DEATH (Type or print) Dale Patrick Henderson IF UNDER 24 HRS. 9. AGE (In fears last birinday) F UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Manths Days WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRAPLACE (County & State, or foreign country) during most of working life? even if retired) MOTHER'S MAIDEN NAME 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Address es, na, grunknawn) (If yes give war ar dates af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY Brown and IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been Miscour last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) at wark , 19___, that (1) (we) last 21. 1 certify that (1) (this hospital) attended the deceased from . 19 ___, to_ shauld ond that death accurred at 50PM, from causes ond on the date stated above saw the deceased olive an 22b. DATE SIGNED 22a. SIGNATURE PHYS. director, puy 7/15/66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Issam F. el Damalouji Prince Frederick, Maryland 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) moual 25a, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sb. liarles DATE JUL

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09681 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Calvert haurs after MARYLAND Maryland Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Prince Frederick, Md. 13 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington. 3 days and campletely filled in d. STREET ADDRESS e. IS RESIDENCE ON A FARM? and in any event, within 72 Calvert County Hospital NO Se YES 🗌 5601 21 st 3. NAME OF Middle remave carban First DATE Manth Day Year DECEASED OF Emma 1966 Berry Hovle (Type or print) DEATH IF UNDER 24 HRS. S SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Days Hours Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, eyen if retired) INDUSTRY COUNTRY? Washington, D.C.
14. MOTHER'S MAIDEN NAME housework at home 13. FATHER'S NAME William Hovle Mary T. Young 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO permit Plum Point, Maryland Mary Y. Duval 579.60.0338 crematian. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO as the priar tal stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION far use of Health YES [NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While at wark pe 21. I certify that (I) (this haspital) attended the deceased fram. 1966, that (1) (we) last 1960 to 1966, and that death accurred at 3:11 O.M. from causes and an the date stated above. saw the deceased alive on? 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 7/4/66 directar, page 3 shauld be filed v M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Prince Frederick. Maryland Dr. Osman 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Washington D Congressional C 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Marley 1986 Lee Funeral Home 300.4th st N 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. rage 4 may be retained by the nospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MAKTLAND STATE DEPARTMENT OF HEA	ALIH
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE 1, MARYLAND
00000	CERTIFICATE OF DEATH	00681

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	PLACE DF DEATH a. COUNTY					2. USUAL RESIDENC	E (Where dece			sidence bet	ore admission)
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1	b. CITY OR TOWN	(If outside corporate I	imits,	c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside corp	orate limits, wr	ite RURAL	end give n	earest town)
		rederick,		8 das.		St. Le	onard			04	- 1
	d. NAME OF HOSE	PITAL OR INSTITUTION (if not In h	ospital, give street add	ress)	d. STREET ADDRESS					RESIDENCE
		County Hos	pital				News .			YES	□ NO 🗵
	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	h	Day	Year
5. 3	(Type or print)	Elb		Thomas	1 0	Johnston Jr	DEATH	July	1 -	0	19 66
	ale		MARRIED WIDOWED			DATE OF BIRTH June 2, 1904	9.	AGE (In years last birthday)	Months I		ours Min.
10a.	USUAL OCCUPATI	ON (Give kind of work don g life, even if retired)	e 10b. K			11. BIRTHPLACE (Co	unty & State,) 12. CIT	IZEN OF	WHAT
uujii	Retired	Clerk	US	Government	t	Maryla	nd			U.S.	A.
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
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15.	WAS DECEASED E	ER IN U.S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Addres	ss		
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1	18. CAUSE DF D	EATH [Enter only one ca	ause per l	ine for (a), (b), and (c).]					1	INTERVA	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a).				0				ONSE	AND DEATH
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	Conditions, If a	ny, which \ (h)	KJC.	us can	me	y can	mhr.	ny -	12		-45
	gave rise to cause (a), sta	immediate (
	underlying cause										
TION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBU	UTING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL D	ISEASE COND	ITION GIVEN IN	PART 1(a)		AS AUTOPSY REORMED?
ICA										YES [□ NO 🔯
CERTIFICATION	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOT	VAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER	20b.	DESCRIBE HOW INJURY	OCCUI	RRED. (Enter nature of	injury in Pa	rt I or Part II o	of Item 18.)		
CAL	20c. TIME OF I	JURY Month, Day, Yea	r 20d. I	NJURY OCCURRED 200	. PLAC	E OF INJURY (Home, far	m, 20f. (City or town)	(Cour	ity)	(State)
MEDICAL	Hour a.m.		While at work		tactor	y, street, office bldg., et	c.)				
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			139			death occurred at		m the causes			
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	9/11	/ Maine	al		M.D.		IRECTOR.	STAFF PHYS.	7/	30/66	5
	22c PHYSICIAN NAME (Typ	r's ROE	Un	SARRED	C	22d. ADDRESS	the	mar			
23a.		TION, 23b. DATE THE	REOF	23c. NAME OF CEM	ETERY	OR CONTRACTOR	23d. LO	CATION (City, to	own or coul	nty)	(State)
	REMOVAL (Spec	Aug 2,	1966	Ft Linco	oln	Cemetery	Col	nar Man	or. M	d.	
24.	FUNERAL DIREC	TOR		ADDRESS		25a. REC	'D BY REGIS	TRAR 25b. R	EGISTRAR'S	SIGNATI	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) 1. PLACE OF DEATH a. STATE b. COUNTY o. COUNTY delay is and 3 ta 2, and Page Calvert Calvert Marvland MARYLAND c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits CLENGTH OF STAY IN 1b write RURAL and give nearest town) Rural (Plum Point Road) Chesapeake Beach IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS chines office alang with form hours ON A FARM? pencity Item 18. Give Pages 1, YES NO T State [should be executed within 24 haurs after death. 4. DATE Manth Day Year 3. NAME OF First Lost pages land 2 with the St in any event within 72 DECEASED OF 16 19 66 July Clementine Jones DEATH (Type or print) IF UNDER 1 YEAR 9. AGE (In years 8. DATE OF BIRTH 6. COLOR OR RACE S SEX 7. MARRIED NEVER MARRIED last birthday)
17 yrs. Manths Davs Haurs WIDOWED DIVORCED 8/31/1948 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign country) COUNTRY? during mast of working life, even if retired) INDUSTRY USA Maryland

14. MOTHER'S MAIDEN NAME Student 13. FATHER'S NAME Guy Jones Helen Johnson File pup 17. INFORMANT the certificate, writing the ward "pending" in 4 shauld be farwarded ta the Chief Medical Et IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dates af service) or remayal, Guy Jones Chesapeake Beach- Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head burial, crematian, DUF TO Conditions, if ony, which gove rise ta immediate couse (a). DUF TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES X NO agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY F or CONTRIBUTING CAUSE OF DEATH. Shot in head AL EXAMINER: 20f. (City ar town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page while at wark Rural Highway 1966 6:20 p.m. 7-16 Plumpoint Road Calvert 2]. I certify that I took charge of the remains described above, held an Autopsy [X], Inquiry , Inspection , and in my apinian Suicide , Natural causes Accident . Homicide X Undetermined manner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** 7-17-66 Russell S. Fisher, M.D. Address (Street, city, town, ar county) NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BERIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 50 REMOVAL (Specify) 7-20-66 St. Edmonds C.Cem. Sunderland 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 ovell - Prince Frederick- Md. DATE

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saw the deceased alive on 19 , and that death occurred at M, fram causes	s and an the date stated above
saw the deceased alive on 19, and that death occurred at M, fram causes 220 SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. C	ZZD. DATE STONED
Saw the deceased alive on 19, and that death occurred at M, fram causes N.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 1220 ADDRESS NAME (Type) PACE C. JETT 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Pulls 31, 1966 Planet Curviling Planet Carviling Planet	mel
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VR A15 (4) 24. FUNERAL DIRECTOR 7 Multiple 1250. REC'D BY REGISTRAR 25b. F	REGISTRAR'S SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND 2 the b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ARMONY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? rs. Pas hours YES NO npletely 3. NAME OF DATE Middle Year Month paper n 72 OF DECEASED DEATH (Type or print) 5. SEX AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED 5 DIVORCED death certificate 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? County & State, or foreign country) done during most of working life, even if retired USEWIL 0 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 14. ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m at work at work 19 TOR 21. | certify that (1) (this hospital attended the deceased from 1 (1) (we) last LDQ, and that death occurred at.......M, from the cause's and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATUR ATTENDING STAFF SIGNED EA PHYS. DIRECTOR M.D. HOSPITAL path. Page 4 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) di di 0 REGISTRAR'S SIGNATURE REGISTRAR 25b. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 966 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09686 he law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) physician and completely filled in by the funeral en blease remove corbon popers. Pages I and O. COUNTY CAINERT MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK e. IS RESIDENCE ON A FARM? not in hospitol, give street oddress) d. STREET ADDRESS NO 3. NAME OF First Middle 4 DATE Month Lost Doy Year DECEASED DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX NEVER MARRIED AGE (In years 7. MARRIED lost birthdoy) Months Doys Hours 912010 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAM attending phys or remova 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [(If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' þ DUE TO signed Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or ottending FUNERAL DIRECTOR: After this certificate hos been for use os the 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (1) (this haspital) attended the deceased fram 6-6 , 1966 ta 6-29, 1966 that (1) (we) last saw the deceased alive an June 29 1966, and that death accurred at 9150M, fram causes and an the date stated abave. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR wellowed M.D. 22d. ADDRESS 22c. PHYSICIAN'S FREderier, md NAME (Type) RINCO 23o. BURIAL, CREMATION 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d-7 LOCATION (City or Town) (County) (State) REMOVAL (Specify) 9 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles VR A15 (4) 20 M 1/66 1956 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 24 hours after death PLACE DF DEATH a. COUNTY 1. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY MARYLAND b. CITY DR TOWN (if outside corporate limits, c. CITY DR IDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b completely filled in by a ove carbon papers. Page event, within 72 hours a write RURAL and give nearest town) REDERICK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME DE Middle Last DATE Month 4. DECEASED DF DEATH remove carb (Type or print) 6. CDLOR DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR NEVER MARRIED MARRIED last birthday) PT. 28, 1927 38 yrs. 11. BIRTHPLACE (County & State, or foreign country) WIDOWED DIVORCED X attending physician a ermit. Then please re 10a. USUAL OCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY FATHER'S NAME MOTHER'S MAHDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN 17. been signed by the atter the burial-transit permit. or to burial, cremation, or law requires that the death (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating prior underlying cause last. as CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use PHYSICIAN: The certificate 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 0 detached MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) After the de de de State I factory, street, office bldg., etc.) Hour a.m. While Not While retained by ATTENDING p.m. 19 at work at work should ith the 21. I certify that (I) (this hospital) DIRECTOR: age 3 should iled with the attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE director, page 3 should be filed w ATTENDING M.D. PHYS. DIRECTOR PHYS Page 4 may FUNERAL PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREDE 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) FUNERAL DIRECTOR REC'D BY REGISTRAR 25b.

e. IS RESIDENCE ON A FARM? NOD

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) event, within 72 haurs after deat PLACE OF DEATH o. COUNTY Calvert b. COUNTY Calvert o. STATE Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits. write RURAL and give nearest town)
Prince Frederick, Md. li days Owings. Maryland e. IS RESIDENCE ON A FARM? sician and campletely filled in please. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Calvert County Hospital YES \ NO [3 NAME OF Middle Last 4 DATE Month Year Day DECEASED (Type or print) 1966 Richard 9 Owens DEATH DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** X Jast birthdoy) Manths Hours /18/93 crematian, or remaydh and in any WIDOWED DIVORCED White Male 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys Jeanette Cook Frank Owens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 25th Ave. Crest Hei (Yes, no, or unknown) (If yes give war or dotes of service) Mrs. Martha Dorgan 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL RETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO burial Conditions, if ony, which gove rise ta immediate couse (a), DUE TO stating the underlying couse directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has YES [NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or towp-) (County) (State) Haur a.m. factory, street, affice bldg., etc.) et work 21. I certify that (1) (this haspital) oftended the deceased fram. 19 6 Sand that death occurred at *OOPM, from couses and an the date stated abave. saw the deceased alive an 22a. SIGNATUR 22b. DATE SIGNED ATTENDING X M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. George Weems Huntingtown, Maryland 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL ADDRESS 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 10na4

MARYLAND STATE DEPARTMENT OF HEALTH

THE RESIDENCE OF THE PARTY OF T THAP IN TRACEING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09683 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be crematian 18 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY Calvert o. STATE Maryland Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick 16 days Huntingtown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES NO NAME OF DECEASED Middle 4. DATE Month Day Year PERCY CHARLES STEVENS (Type or print) DEATH 19 66 29 July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER 24 HRS. IF UNDER TYEAR lost birthdayl Months Male white WIDOWED DIVORCED | 4-26-86 10a. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Farming Calvert Co., Maryland USA 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Charles Fuller Stevens Margaret Childs 5 bod Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Merrill Stevens Owings Mills, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. BART WIND HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LEGINNAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. CERTIFIC 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of fem 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20fa (City or town) Countyl ry street, affice bldg., etc.) at work at work inting the Medic 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection Inquiry , and find that death resulted from: Natural causes Accident Suicide . Homicide Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 00 forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** H. W. Ward DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Burial July 31,1966 All Saints Chr. Cemetery Sunderland, Maryland 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Wings, Maryland 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09630 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY elay is nd 3 ta 3. Page Calvert Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL ond give neorest town)
Prince Frederick Lusby haurs after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm Calvert County Hospital YES | NO X Item 18. Give Pages 24 haurs after death. 3. NAME OF Middle Lost 4. DATE Month Doy within 72 Year DECEASED 19 66 OF July 2 SAMUEL SR. ELIJAH WEEMS Type or print) DEATH with t S SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR **NEVER MARRIED** birthdoy) Months Dovs Hours male fnegro WIDOWED DIVORCED 6 - 17event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired) COUNTRY? INDUSTRY Maryalnd d 'pending' in pencil in Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate shauld be executed within Peter Weems Elizebeth Johnson ond IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) ar remaval, 215-18-0147 Eugene Weems Lusby, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Rhemmatic Heart Disease writing the ward burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES X NO the certificate, agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING L EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) foctory, street, office bldg., etc.) Not While 5 may be retained far yaur O FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🗌 Inquiry | and in my apinian death resulted fram: Natural causes Accident . Suicide T. Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 7/3/66 **EXAMINER'S** Health Charles S. Petty NAME (Type) Address (Street, city, town, or county) Md (Stote) 23b. DATE THEREOF 7-6-66 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) St. John Ch. Cem. Lusby 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ATSME TO inkney E. Squel Prince Frederice Md. 6M 1/66 DATE

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